Combined Declaration For Patent Application and Power of Attorney							ATTORNEY DOCKET NO. 81735/LPK					
As below named inventor, I hereby declare that: My residence, post office address and citizenship are as stated below next to my name, I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:												
TRANSPORTING AN ESSENTIALLY SHEET-SHAPED ELEMENT, PARTICULARLY A PRINT MATERIAL SHEET												
The specification of which (check only one item below):												
X is attached hereto.												
was filed as United States Application Serial No												
was amended on (if applicable).												
was filed as PCT internation	was filed as PCT international application Number on and was amended under PCT Article 19 on (if applicable).											
I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment												
	referred to above. I acknowledge the duty to disclose to the U.S. Patent & Trademark Office all information known to me to be material to patentability as defined in Title											
37, Code of Federal Regulations, \$1.56.												
I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any												
foreign applications(s) for patent o	r inventor's cer	tificate or any PCT in	ternational application(s) de	esignating a le	ast one	country other	than the	-				
States of America filed by me on the PRIOR FOREIGN/PCT APPLIC					ich prior	ity is claimed	<u>i:</u>					
COUNTRY (# PCT, indicate PCT)		PPLICATION NUMBER	DATE OF FILING			PRIORITY CLAIMED L	INDER 35 USC !	j119				
Germany	10	3 11 858.6	17 March	2003	X	YES		NO				
						YES		NO				
	·					YES		NO				
I hereby claim the benefit under Title 35, United States Code, 119 §(e) of any United States provisional application(s) listed below:												
PRIOR PROVISIONAL APPLIC		D ANY PRIORITY C	LAIMS UNDER 35 U.S.C	- '								
PROVISIONAL APPL	FILING DATE											
						. <u>.</u>						
I hereby claim the benefit under Title 35, United States Code, §120 of any prior United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior applications(s) in the manner provided by the first paragraph of Title 35, §112, I acknowledge the duty to disclose to the U.S. Patent & Trademark Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations §1.56, which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:												
PRIOR US APPLICATIONS OR 35USC§120:	PCT INTERN	ATIONAL APPLICA	TIONS DESIGNATING T	HE U.S FOR	BENEF	IT UNDER						
U.S. APPLICATIONS				STATUS (Check one)								
U.S. APPLICATION NUMBER		U.S. FILING DATE		PATENTI	ED .	PENDING	ABA	NDONED				
PCT	PCT APPLICATIONS DESIGNATING THE U.S.							_				
PCT APPLICATION NO. PCT FILE		NG DATE U.S. SERIAL NUMBERS ASSIGNED (if any)					 					
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Combined Declaration For Patent Application and Power of Attorney (Continued) ATTORNEY DOCKET NO.											
		ATTORNEY DOCKET NO. 81735/LPK									
POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this											
application and transact all business in the Patent and Trademark Office connected therewith (List name and registration number)											
T DV I D I A COT											
Lawrence P. Kessler - Registration No. 24,637											
Send Correspondence to: Direct Telephone Calls to:											
		Lawrence P. K	essler, Patent Department		(name and telephone number)						
Nov Proce Colusione LLC											
		1447 St. Paul 3	220	Lawrence P. Kessler							
1				Tel. No	Tel. No.: (585) 253-0123						
	· · · · · · · · · · · · · · · · · · ·		14653-7103 (U.S.A.)	Fax No	Fax No.: (585) 726-0894						
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND G	SECOND GIVEN NAME						
		Dobrindt	Dirk STATE OR FOREIGN COUNTRY								
0	RESIDENCE & CITIZENSHIP	Klausdorf/Schwentine	Germany	1	COUNTRY OF CITIZENSHIP						
	BUSINESS	BUSINESS ADDRESS	CITY		Germany STATE & ZIP CODE (COUNTRY)						
1	ADDRESS	NexPress GmbH, DrHell-Strass			Germany						
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME		SECOND GIVEN NAME						
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY	COUNTRY OF CITIZENSHIP						
2	BUSINESS ADDRESS	BUSINESS ADDRESS	CITY	STATE & Z	STATE & ZIP CODE (COUNTRY)						
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND G	SECOND GIVEN NAME						
o	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY	OF CITIZENSHIP						
3	BUSINESS ADDRESS	BUSINESS ADDRESS	CITY	STATE & Z	IP CODE (COUNTRY)						
I h	ereby declare	that all statements made herein of my own	knowledge are true and that all statements	made on informa	ation and belief are believed to be						
tru	e; and further	that these statements were made with	he knowledge that willful false statements	and the like so	made are nunishable by fine or						
im	prisonment, or	both, under section 1001 of Title 18 of the	ne United States Code, and that such willfu	false statements	may icopardize the validity of the						
imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.											
SIGNATURE OF INVENTOR 201 SIG		VENTOR 201 SIGNAT	GNATURE OF INVENTOR 202 SI		IGNATURE OF INVENTOR 203						
			J. S. M. S.								
DATE		DATE	DATE		ATE						

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